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ABSTRACT

Few contemporary developments in psychology rival the impact of working alliance theory. This construct can predict psychotherapy outcomes to an extent unknown previously. Yet despite the importance of working alliance theory to effective psychotherapy, only a few articles on this topic have appeared in resources commonly read by professional counselors. Professional school and mental health counselors should become familiar with working alliance theory, a transtheoretical theory dating back to the beginnings of psychotherapy practice. A key clinical revenue of working alliance research is the production of alliance "markers." Client states requiring intervention are recognized through the delineation of client behavioral clusters from the therapist's phenomenological perspective. These recognized states are referred to as process markers. The school and mental health counselor's phenomenology of working alliance can aid in the generation of valuable alliance markers. Markers, in turn, can enhance therapist training and performance. Working alliance research represents a gold mine of knowledge for the practicing counselor. It is incumbent upon counselor educators to make sure such knowledge reaches professional counselors. In addition, it is the responsibility of each counselor to seek out and apply knowledge that can increase their effectiveness and efficiency. Contains 93 references. (KW)

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An Introduction To Working Alliance Theory

For Professional Counselors

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INTRODUCTION

Few contemporary developments in psychology rival the impact of working alliance theory. This construct can predict psychotherapy outcomes to an extent unknown previously (for reviews of this literature see: Gaston, 1990; Hartley, 1985; Horvath, 1994b; Horvath & Symonds, 1991; Luborsky, 1994; Luborsky, Crits-Christoph, Mintz, & Auerbach, 1988; Marziali & Alexander, 1991). Yet, despite the importance of working alliance to effective psychotherapy, only a few articles on this topic have appeared in resources commonly read by professional counselors. Therefore, the purpose of this paper is to introduce to professional school and mental health counselors working alliance theory.

As noted above, it is hard to overstate the influence of working alliance theory. Also, this influence transcends traditional theoretical divisions in psychology. For example, Wolfe and Goldfried (1988) reported that working alliance theory was a major focus of a National Institute of Mental Health (NIMH) conference on psychotherapy. The two noted that the consensus opinion at this conference was that working alliance was "probably the quintessential integrative variable because its importance does not lie within the specifications of one school of thought. It is commonly accepted by most orientations that the therapeutic relationship is of essential importance to the conduct of psychotherapy" (p. 449). The transtheroretical theory of working alliance did not emerge spontaneously. The development of this theory dates back to the beginnings of psychotherapy practice.

Theoretical Antecedents

Freud

The concept of working alliance has it roots in psychoanalytic theory. Freud (1912) posited the existence of a form of positive transference composed of friendly, or affectionate, feelings for the analyst. Freud maintained that this form of transference was the key factor in psychoanalytic success.

Structuralists

In 1923, Freud posited a structural metapsychology that changed the direction of psychoanalytic thought (Freud, 1923). Many analytic thinkers fused this metapsychology with the concept of transference in order to further delineate the nature of the therapeutic relationship. The most prominent of these thinkers was Richard Sterba.

Sterba. Viennese Richard Sterba developed a conceptualization of the therapeutic relationship based upon Freud's structural theory (Friedman, 1969). Sterba (1934) held that a therapeutic relationship can only occur through dissociation within the client's ego. He stated:

> This capacity of the ego for dissociation gives the analyst the chance, by means of his interpretations, to effect an alliance with the ego....The therapeutic dissociation of the ego is a necessity if the analyst is to have the chance of winning over part of it to his side, conquering it, strengthening it by means of identification with himself and opposing it in the transference to those parts which have a cathexis of instinctual and defensive energy. (p. 120)

The article that contained this theory would become a landmark analytic work that would

influence the whole of psychoanalysis to the present (Friedman, 1969; Friedman, 1992; Gutheil & Havens, 1979; Rawn, 1991; Zetzel, 1956).

While influential, Lawrence Friedman stated that today this article is often misunderstood. He claimed that modern, non-analytic theorists tend to overread Sterba's conceptualization of the observing ego. Friedman (1992) commented:

> What Richard Sterba described in his influential paper was not, as some have thought, a lasting alliance between patient and analyst but a momentary dissociative state, accompanying the analysis of transference resistance, in which the patient detaches himself from his striving and views himself objectively. (p. 1)

Many modern analytic thinker have moved away from Sterba's notion of alliance grounded in transference. These theorists will be discussed later in this work.

Other Early Structuralists. Sterba's fellow Viennese Edward Bibring (1937) held that the ego was the actual seat of treatment and cure. He stated:

> We cannot achieve anything without help of the ego and without alteration of it....Which part of the ego is to be changed? Of course not the part that belongs to the system 'Cs,' but that which belongs to the system 'Ucs' and which is the actual subject of treatment. There are thus two parts of the ego which we set over against each other: the methods of working over of the conscious, uniform and rational ego against the unconscious, defending ego and its mechanisms. (p. 184)

For Bibring, the cure for neurosis was the precipitant of the process outlined above. Bibring felt this process led to greater objectification of the unconscious. An objectification that can

eliminate pathogenic instinctual drives. As an aside, Bibring's writing, more than any other, reveals the Hegelian influences on Freudian thought.

Another important early structuralist was Otto Fenichel. In his writing, Fenichel emphasized the therapeutic implications of Sterba's ideas. In his classic textbook on psychoanalysis, Fenichel (1945), emphasized the splitting of the ego into a "reasonable, judging portion" and an "experiencing portion". He stated:

> The therapeutic task, then, is to reunite with the conscious ego the contents (both unconscious anxieties of the ego and instinctual impulses of the id) which have been withheld from consciousness. (p. 570)

This splitting and reuniting, Fenichel held, was facilitated by the analyst utilizing positive transference and transitory identifications. Incidently, Fenichel taught both Fritz Perls (1969) and Ralph Greenson (1966).

Nunberg. Not all structuralists placed their main focus on the ego. In his writing, Viennese Herman Nunberg (1948) developed an alliance theory of the id. Rather than through the observing ego, Nunberg held that clients are engaged in therapy by magic. Specifically, an alliance with a magical physician who can protect the client from the dangers presented by his instincts, and liberate him from his suffering. The analytic cure is also the result of magic. Nunberg stated:

> Just as the patient understands the term "help" in a different sense from the physician, that is, he wants to borrow magic powers from the physician for the fight against the unconscious instinct dangers, so the wish for recovery contains still another motive....By

"health," too, the patient means something different from what the physician does, namely, the gratification of all kinds of desires, hopes, and so on. (p. 110)

Nunberg does not suggest that this attitude of the patient be quelled. Rather, like Kohut (1971) would propose later, Nunberg suggests that neurosis be harnessed for the good of therapy.

In an often cited article on the therapeutic alliance, Lawrence Friedman (1969) takes exception with Nunberg's approach. He stated:

Freud said that 'our cures are cures of love' and Nunberg makes it clear that this means that it is the threat of loss of love that persuades the patient along the paths that will be useful to him. Gone is the analyst's alliance with a split-off, uncathected, reality-focused ego fragment. Instead we have an indulgent, magical alliance with a fantasy analyst followed by a desperate appeasement of him as the fantasy mask slips from his countenance. Words like bondage or enslavement, if they were not so melodramatic, would in fact seem to characterize the relationship more exactly than alliance. (p. 145)

In further critique of Nunberg, Friedman cited Freud's dictum that the goal of the analyst is to persuade the patient in favor of the reality principal and against insistence on unbridled gratification.

Zetzel. While Sterba used the word alliance, it was Elizabeth Zetzel who coined the term "therapeutic alliance." Zetzel (1956, 1958) used Sterba's conceptualization and synthesized it with early object relations theory. She stated:

The "therapeutic alliance" can be described as a stable and positive relationship between the analyst and the patient which enables them to productively engage in the work of

> analysis. This allows a split to take place in the patient's ego. The observing part of the patient's ego allies itself with the analyst in a working relationship. It gradually identifies with the analyst in analyzing and modifying the pathological defenses which the defensive ego has put up against internal danger situations. (Zetzel & Meissner, 1973, p. 292)

Thus, Zetzel maintained that for the essential ego disassociation or split to occur, a capacity for real object relationships must be present. This view stands in direct contrast with Sterba's view of the observing ego as transitory and based on transference.

Greenson. Ralph Greenson (1965) introduced the term "working alliance" into the literature. He developed the following definition of this term:

> The working alliance is the nonneurotic, rational, reasonable rapport which the patient has with his analyst and which enables him to work purposefully in the analytic situation despite his transference impulses....The patient and the psychoanalyst contribute to the formation of the working alliance. The patient's awareness of his neurotic suffering and the possibility of help from the analyst impels him to seek help....As for the analyst, it is his consistent and unwavering pursuit of insight plus his concern, respect, and care for the totality of the patient's personality, sick and healthy, that contributes to the working alliance. (Greenson & Wexler, 1969, p. 29)

Thus, for Greenson, working alliance was the ground which makes analytic work possible.

Other Psychoanalytic Approaches

Dutch analysts De Jonghe, Rijnierse, and Janssen (19[illegible]) outlined another analytic

paradigm of alliance that they described as "post-classical" and "developmental." Included in this approach were contemporary object relations theorists. The three pointed to Cornell professor Otto Kernberg as a key object relations theorist.

Kernberg's work has focused on treatment of borderline clients (Kernberg, Selzer, Koenigsberg, Carr, & Applebaum, 1989). Given the minimal amount of observing ego present in these clients, building and maintaining a working alliance can be quite problematic. In such cases, Kernberg's prescription is to create a therapeutic structure that will serve as a prosthetic alliance (Gutheil & Havens, 1979). Along more classic psychoanalytic lines, Robert Langs (1978) also posited a theory of therapeutic structure as alliance (Oremland, 1991).

Also part of the post-classical approach are theorists working from a developmental perspective. The work of Stanley Greenspan is one example. His approach attempts to specify steps generic to the psychotherapeutic process that emerge from studies of adaptive and maladaptive human development (Greenspan & Weider, 1984). Greenspan's work is similar to the earlier work of Joan Fleming (1975) on object constancy in adult psychoanalysis. An another theorist in this tradition is Robert Emde (1988). In the cognitive therapy tradition, Jeremy Safran has used the work of developmental psychologist Edward Tronick (Tronick & Cohn, 1989) in his writings on working alliance (Safran & Segal, 1990).

Current Debates

Working Versus Therapeutic. One of the strengths of psychoanalytic thought is its detailed attention to the ecology of interpersonal relations within therapy. This attention has spawned many delineations of the therapist-client relationship. These delineations, in turn, have

produced great debate.

One such debate has been on the terms therapeutic alliance and working alliance. There is tremendous disagreement about the exact definition of these terms. Some analytic writers feel that the terms represent distinct concepts (Friedman, 1969; Meissner, 1988). Others see the two terms as virtually synonymous (Freebury, 1989). No current consensus exists. Outside the psychoanalytic field, the two terms are generally viewed as synonymous (Horvath & Symonds, 1991).

Therapeutic Ecology. In addition to the therapeutic versus working debate, other debates exist on different aspects of the therapeutic ecology. For instance, some analytic thinkers hold that both of the above terms are misleading and that all transactions between a client and her therapist involve only transference (Brenner, 1980). Still others posit that a "real" relationship exists along with transference and working alliance in the therapeutic ecology (for excellent reviews of these debates from divergent perspectives see: Adler, 1980; Friedman, 1969; Frieswyk, Colson, & Allen, 1984; Gelso & Carter, 1994; Gutheil & Havens, 1979; Rawn, 1991).

Like the therapeutic versus working debate, no consensus exists in these other debates. University of Toronto professor Stanley Greben, in an address to the Canadian Academy of Medicine, presented the most succinct conceptualization I have read. He stated:

> The final arena of the therapist's activity which I want to comment upon is the therapeutic relationship. We divide that relationship arbitrarily into three portions, for that makes it easier to think about and discuss. Two real people come together, and have a real

> relationship. They learn to work together on tasks which psychotherapy involves, and so there is a working alliance. Their view of each other will be distorted by their own residual neurotic problems, carried over from their earlier years, and these distortions on the patient's part constitute transference, on the therapist's part countertransference. (Greben, 1984, p. 453)

While this conceptualization marks clear distinctions between the above concepts, its fails to provide a framework to understand their relationships to each other.

Recently, modern object relations theory has been used to integrate these traditional analytic concepts. University of Amsterdam scholars De Jonghe, Rijnierse, and Janssen (1991) held that what has led to the present confusion is that each of the above mentioned concepts (real relationship, working alliance, and transference) involves some degree of both rationality and some emotion. Thus, for them, what differentiates these concepts is not exclusiveness but grounding. The three held that the concepts are linked to different types of object relations and rooted in different genetic layers of development (see Figure 3).

In analytic writing, the most blurred distinction is between the real relationship and the working alliance. De Jonghe, Rijnierse, and Janssen (1991) distinguished the two concepts as follows:

> We acknowledge that the working relationship too is a realistic aspect of the analytic relationship. The 'realistic relationship,' however, refers to mature, realistic and healthy aspects of the relationship other than the working relationship. These aspects relate to the other person in his own right, not as a parent substitute nor as a working partner. (p. 696)

The three go to quote Lipton's (1977) definition of the real relationship. A definition based on his analysis of Freud's Rat Man case (Freud, 1909). Lipton held that the real relationship was the 'personal, non-technical' relationship an analyst forms with his patients.

In addition to the concepts noted above, the three also introduced the concept of the primary relationship. The three defined the primary relationship as a narcissistic libidinal tie between a not-yet-subject and a pre-object, part-object or self-object. Thus, for De Jonghe, Rijnierse, and Janssen (1991) the commencement of therapy activates multiple object relations rather than just one. The three stated:

> In the analytic relationship the analyst may loosely be called a "new" object. Actually, he is a new pre-object in the primary relationship, a new surrogate infantile object in the transference relationship, and a new mature object in the working-and realistic relationships. (p. 701)

The three used these four types to construct a model ecology of the therapeutic relationship (see Figure 4). What would differ from client to client is the relative prominence of each form of relatedness. The three stated that use of this model could ease confusion and lead to better therapy and research (De Jonghe, Rijnierse, & Janssen, 1992).

Transtheoretical Theory of Working Alliance

Bordin

A key figure in this area is the University of Michigan's Edward Bordin. His landmark work on the generalizability of the psychodynamic concept of working alliance (Bordin, 1979) is

credited with generating the recent resurgence in research interest in the therapeutic relationship (Bordin, 1994; Gelso & Carter, 1985; Luborsky, 1985).

Definition. Drawing on Greenson's (1969) ideas, Bordin perceived the working alliance as an integrated relationship with three constituent components that, in combination, define the quality and strength of all psychotherapeutic relationships (Horvath & Greenberg, 1989). While not part of their early traditions, both behavioral theorists (Ford, 1978; Goldfried, 1991; Sweet, 1984) and cognitive theorist (Beck, 1976; Dawson, 1991; Dolce & Thompson, 1989; Garfield, 1989; Safran & Segal, 1990; Thompson, 1989) now support the notion of alliance as a constitutive element of psychotherapy.

Bordin's three components were Tasks, Bonds, and Goals. He conceptualized these three components as the following:

> Tasks refers to the in-counselling [sic] behaviours [sic] and cognitions of both the counsellor [sic] and the client that form the substance of the counselling process. In a well-functioning relationship both parties must perceive these tasks as relevant and efficacious. Furthermore, each must accept the responsibility to perform these acts. A strong working alliance is characterized by the counsellor and the client mutually endorsing and valuing the goals (outcomes) that are the target of the intervention. The concept of bonds embraces the complex network of positive attachments between the client and counsellor, including issues such as mutual trust, acceptance, and confidence. (Horvath & Marx, 1990, p. 242)

The key idea in this conceptualization of the therapeutic relationship is the grounding of this

relationship in a spirit of collaboration."

New Conceptualization. In detailed explications of Bordin's work, Horvath and Greenberg (1986, 1989) stated that his conceptualization was a clear and significant departure from both existential (Rogers, 1951) and behavioral (LaCrosse, 1980; Strong, 1968) views of the therapeutic relationship. The two commented:

> Bordin's concepts of bond, goal, and task involve collaboration and hinge on the degree of concordance and joint purpose between the counselor and the client. This stance may be contrasted with the alternative hypotheses that rely either on the client's perception of the counselor's qualities or on the attitude and behavior of the counselor without taking into account the degree of agreement, willingness to collaborate, or mutuality that is present between the counselor and the client. (1989, p. 224)

Horvath and Greenberg stated that working alliance is not a particular counseling intervention but rather forms the deep structure of counseling; a structure that enables and facilitates specific counseling techniques. Thus, Bordin's conceptualization of the therapeutic relationship is transtheoretical.

Working Alliance Research

Measurement of Alliance. Measurement of the quality of therapeutic relationships has a short history in psychology. The earliest measure was the Relationship Inventory (Barrett-Lennard, 1964). This instrument attempted to operationalize Rogers' (1957) ideas concerning the necessary conditions of therapy (Barrett-Lennard, 1986).

A number of researchers have attempted to measure the quality of the therapeutic relationship from a psychoanalytic perspective. Their attempts led to the development of a number of "families" of instruments (Hovarth & Symonds, 1991). These measurement families include the Menninger family (Allen, Newsom, Gabbard, & Coyne, 1984), the California family (Marziali, Marmar, & Krupnick, 1981; Marmar, Weiss, & Gaston, 1989; Marmar, Gaston, Gallagher, & Thompson, 1989), the Penn family (Morgan, Luborsky, Crits-Christoph, Curtis, & Solomon, 1982), the Vanderbilt family (Suh, Strupp, & O'Malley, 1986), the Clarke family (Frayn, 1992), the New Haven family (Ryan & Cicchetti, 1985), and the Northwestern family (Saunders, Howard, & Orlinsky, 1989).

There are two measurement families that based their instruments directly on Bordin's (1979; 1994) transtheoretical conceptualization of working alliance. The Chicago family (Pinsof & Catherall, 1986) and the British Columbia (Horvath & Greenberg, 1986) family. The Chicago instruments have been cited in only one study (Heatherington & Friedlander, 1990). A recent meta-analysis of working alliance and therapeutic outcome research reported that the British Columbia instrument, the Working Alliance Inventory, was the most used instrument in this line of research (Horvath & Symonds, 1991).

Working Alliance Inventory. The Working Alliance Inventory (WAI) is a self-report measure designed to gauge the quality of psychotherapeutic alliances. Horvath's aim in constructing the measure was to operationalize Bordin's transtheoretical conceptualization of alliance (Horvath, 1994a; Horvath & Greenberg, 1986; 1989). This 36 question inventory has two parallel forms designed to assess an alliance from either the perspective of the client or the

therapist. The measure yields three subscale scores (Task, Bond, & Goal) and an overall general alliance score.

Validity. In terms of validity, Horvath engaged in multimethod-multitrait analyses to establish construct validity. Concerning this research, Horvath and Greenberg (1989) concluded:

> Strong associations between the WAI and other inventories designed to measure similar traits, combined with evidence of lessor association between the WAI and other sources of information that share only methodological features with the instrument, can be interpreted as evidence that some of the unique concepts associated with the working alliance are captured. (p. 230)

Content validity was assessed by means of expert panel (Horvath & Greenberg, 1986). Horvath also found concurrent and predictive validity with the WAI (Horvath and Greenberg, 1986; 1989). Other studies have consistently found the WAI predictive of therapeutic outcome regardless of the mode of therapy (Horvath & Symonds, 1991; Safran & Wallner, 1991).

On the theoretical level, Kiesler and Watkins (1989) stated that the WAI, as an alliance measure, has the additional advantage of being anchored in Bordin's systematic and transtheoretical conceptualization of working alliance. This grounding, the two point out, makes the WAI applicable to a wide range of therapeutic approaches.

Demographics. Kivlighan and Schmitz (1992) examined the impact of gender and age on both client and counselor's responses on the WAI. The two found that neither counselor gender and age nor client gender and age correlated with WAI ratings. Consequently, they collapsed their data across age and gender categories.

Speight (1990) examined levels of working alliance with racially dissimilar counseling dyads using the WAI. In her study, Speight found no significant differences in working alliance between these dyads and racially similar dyads.

Alliance Crystallization. Horvath recommends sampling working alliance only after completion of three sessions since a predictive alliance does not crystalize until that point (for reviews of this literature see: Horvath & Greenberg, 1986; Kokotovic & Tracey, 1990). For example, Kokotovic and Tracey found no relation between working alliance measured after a first session and premature termination. The three session recommendation has become a standard generally followed in the research literature.

Factor Studies. Research with the WAI has discovered that the three subscales (Task, Bond, & Goal) are highly correlated and that overall, the WAI measures a generalized nonspecific alliance (Horvath & Greenberg, 1989; Kivlighan & Schmitz, 1992; Kokotovic & Tracey, 1990; Tracey & Kokotovic, 1989). Tracey and Kokotovic (1989) studied the WAI's factor structure in order to explore the validity of the three subscales.

Tracey and Kokotovic (1989) found a hierarchical, bilevel model the best fit for the data. Specifically, the two found the WAI assesses three first-order, unique factors of the alliance (Task, Bond, Goals) and one general, second-order alliance factor. In terms of research with the WAI, Tracey and Kokotovic concluded:

> It is important to keep these two levels (i.e., the general and the specific) in mind when interpreting and analyzing the WAI scores. Although the results support the continuing use of the three subscale scores, the researcher should be aware that the primary construct

> measured is the general alliance. Hence, any statistical tests conducted on the WAI subscale scores must be multivariate and include examination of the overlap among the subscales. If univariate tests are desired, our results indicate that perhaps the most valid way to represent the data is with one overall alliance score. (p. 209)

Using their factor research, the two developed a WAI short form. Tracey and Kokotovic (1989) constructed a short form by selecting the four highest loading items from each subscale. In a factor structure analysis of the short form, the two found the weights for the general factor were uniformly high. Other researchers have used the short form in their work (Horvath, 1994b; Kivlighan & Shaughnessy, 1995). Also, this instrument could be an excellent tool for a professional counselor seeking to review their in-session performance with clients.

Clinical Implications

A key clinical revenue of working alliance research is the production of alliance "markers." There is an emerging literature on the need for therapists to be able to recognize important client states requiring intervention (Foreman & Marmar, 1985; Greenberg, 1984; Greenberg & Safran, 1987; Hill, 1990; Marziali & Alexander, 1991; Safran & Segal, 1990; Waterhouse & Strupp, 1984). These states are recognized through the delineation of client behavioral clusters from the therapist's phenomenological perspective. These recognized states are referred to as process "markers."

Leslie Greenberg introduced this concept into the psychotherapy field. This conceptualization was the result of his application of task analysis (Miller, 1955) to process

research. Key to this analysis is the distillation of "therapeutic events". Greenberg (1984) stated:

> An "event" consists of an interactional sequence between client and therapist. It is a performance sequence that has a beginning, an end, and a particular structure that gives it meaning as an island of behavior distinguishable from surrounding behaviors in the ongoing psychotherapeutic process. (p. 138)

Greenberg went on to explain that for both the client and the therapist, an event has the quality of a whole and its completion is experienced as a closure of some interaction.

These events do not occur without warning, but rather are marked by certain client behaviors. Greenberg (1984) commented:

> Therapists...are continually making "process diagnoses" of client process that suggests to them some particular intervention. In any particular approach, some client performance pattern (the "when" of an event) acts as a marker that there is some affective issue needing to be resolved.... The marker, the therapist interventions, and the subsequent client process make up a discriminable event in the therapy with an identifiable beginning and end. These events appear to have sufficient structural similarity to warrant detailed study. (p. 138)

Given the above, Greenberg held that his methodology could be applied profitably to the analysis of a variety of client affective performances.

Jeremy Safran, another key author in this literature, utilized this methodology to study working alliance. In particular, Safran maintained that therapists tend to either ignore or miss the occurrence of therapeutic rupture events. Thus, these events tend to get sealed over in therapy

and remain destructive, uncompleted affective gestalts. He believes studies of the therapist's phenomenology of working alliance can aid in the generation of valuable alliance markers. Markers which, in turn, can enhance therapist training and performance (Safran & Segal, 1990; Safran, Crocker, McMain, & Murray, 1990).

Conclusion

This paper reviewed the development of working alliance theory in psychology. Also discussed were possible applications of this theory to the professional practice of school and mental health counselors. Working alliance research represents a gold mine of knowledge for the practicing counselor. It is incumbent upon counselor educators to make sure such knowledge reaches professional counselors. In addition, it is the responsibility of each counselor to seek out and apply knowledge that can increase their effectiveness and efficiency.

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